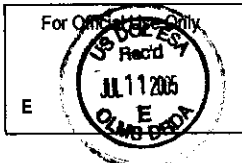


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



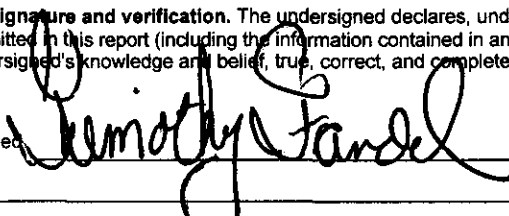
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-2610	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name TIMOTHY G FANDEL P.O. Box, Bldg., Room No., if any 36 Street HOLLETT STREET City SCITUATE State Massachusetts ZIP Code + 4 02066	4. Name, file number, and address of labor organization. Name PLUMBERS UNION LOCAL NO. 12 Labor Organization File Number P.O. Box, Building and Room Number, if any 1240 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125
5. Position in labor organization. LABOR TRUSTEE, BI-LAWS COMMITTEE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On 7.1.05 781.545.6850 Date Telephone Number

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 1230-1236</p> <p>Street MASSACHUSETTS AVENUE</p> <p>City BOSTON</p> <p>State Massachusetts ZIP Code + 4 02125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.</p>
	<p>11.b. Approximate dollar value of such dealing. \$98</p>
	<p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 1/8/2004.</p>
	<p>12.b. Amount. \$98</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>

Name of Person Filing **TIMOTHY PANDEL**File Number U-**2610**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.

11.b. Approximate dollar value of such dealing.

\$98

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
1/8/2004.

12.b. Amount.

\$98

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TIMOTHY FANDEL**File Number U- **2610**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **PLUMBERS LOCAL NO. 12 WELFARE PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125****9. Business deals with:**☒ **a. Labor Organization**☐ **b. Trust**☐ **c. Employer****10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.**TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.****11.b. Approximate dollar value of such dealing.****\$98****12.a. Nature of interest held or income received.****REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 1/8/2004.****12.b. Amount.****\$98**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.**13.b. Is the Business an Employer ☐ or Consultant ☐ ?****14.b. Amount of payment.**

Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>TIMOTHY FANDEL</u>	File Number U- <u>2610</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Timothy FANDEL</u>	File Number U- <u>2610</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>1230-1236</u> Street <u>MASSACHUSETTS AVENUE</u> City <u>BOSTON</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02125</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.</u> <hr/> 11.b. Approximate dollar value of such dealing. \$5 12.a. Nature of interest held or income received. <u>LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8, 2004.</u> <hr/> 12.b. Amount. \$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment _____ _____ _____
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL NO. 12 PENSION PLAN</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 1230-1236</p> <p>Street MASSACHUSETTS AVENUE</p> <p>City BOSTON</p> <p>State Massachusetts ZIP Code + 4 02125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.</p>
	<p>11.b. Approximate dollar value of such dealing. \$98</p>
	<p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 2/12/2004.</p>
	<p>12.b. Amount. \$98</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing TIMOTHY PANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 WELFARE PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing. **\$98**

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 2/12/2004.

12.b. Amount. **\$98**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ **or Consultant** ☐ **?**

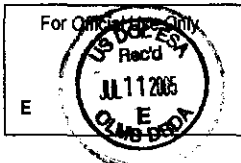
14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2670</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>TIMOTHY</u> <u>G</u> <u>FANDEL</u> P.O. Box, Bldg., Room No., if any <u>36</u> Street <u>HOLLETT STREET</u> City <u>SCITUATE</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02066</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS UNION LOCAL NO. 12</u> Labor Organization File Number P.O. Box, Building and Room Number, if any <u>1240</u> Street <u>MASSACHUSETTS AVENUE</u> City <u>BOSTON</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02125</u>
5. Position in labor organization. <u>LABOR TRUSTEE, BI-LAWS COMMITTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Timothy G. Fandel</u>	On <u>7-1-05</u> Date	<u>781-545-6850</u> Telephone Number

Name of Person Filing TIMOTHY FANDEL

File Number U- 2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.

11.b. Approximate dollar value of such dealing.

\$98

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
1/8/2004.

12.b. Amount.

\$98

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TIMOTHY FANDEL**File Number U- **2610**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.**

11.b. Approximate dollar value of such dealing.

\$98

12.a. Nature of interest held or income received.

**REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
1/8/2004.**

12.b. Amount.

\$98

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL

File Number U- 2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$98

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 1/8/2004.

12.b. Amount.

\$98

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts

ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing <u>TIMOTHY FANDEL</u>	File Number U- <u>2610</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer _____ or Consultant _____ ?

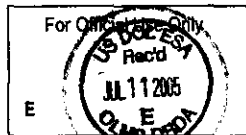
14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>2610</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>TIMOTHY</u> <u>G</u> <u>FANDEL</u> P.O. Box, Bldg., Room No., if any <u>36</u> Street <u>HOLLETT STREET</u> City <u>SCITUATE</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02066</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS UNION LOCAL NO. 12</u> Labor Organization File Number P.O. Box, Building and Room Number, if any <u>1240</u> Street <u>MASSACHUSETTS AVENUE</u> City <u>BOSTON</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02125</u>
5. Position in labor organization. <u>LABOR TRUSTEE, BI-LAWS COMMITTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Timothy G. Fandel</u>	On <u>7-1-05</u> Date	<u>781-545-6850</u> Telephone Number

Name of Person Filing TIMOTHY FANDEL

File Number U- 2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$98

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 1/8/2004.

12.b. Amount.

\$98

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TIMOTHY FANDEL**File Number U- **2610**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$98

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 1/8/2004.

12.b. Amount.

\$98

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL

File Number U- 2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.

11.b. Approximate dollar value of such dealing.

\$98

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
1/8/2004.

12.b. Amount.

\$98

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.**

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

**LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8,
2004.**

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>TIMOTHY FANDEL</u>	File Number U- <u>2610</u>
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>PLUMBERS UNION LOCAL NO. 12 PENSION PLAN</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>1230-1236</u> Street <u>MASSACHUSETTS AVENUE</u> City <u>BOSTON</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02125</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED</u> <u>EMPLOYEE BENEFIT PLAN.</u> <hr/> 11.b. Approximate dollar value of such dealing. \$5 12.a. Nature of interest held or income received. <u>LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8,</u> <u>2004.</u> <hr/> 12.b. Amount. \$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer _____ or Consultant _____ ?	14.b. Amount of payment. _____

Name of Person Filing

TIMOTHY FARDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 260
---	---------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN. 11.b. Approximate dollar value of such dealing. \$98 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 2/12/2004. 12.b. Amount. \$98

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment _____

Name of Person Filing TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$98

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 2/12/2004.

12.b. Amount.

\$98

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TIMOTHY FANDEL**File Number U- **2610**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 WELFARE PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.

11.b. Approximate dollar value of such dealing.

\$98

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
2/12/2004.

12.b. Amount.

\$98

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF FEBRUARY 12,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. 11.b. Approximate dollar value of such dealing. \$5
12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF FEBRUARY 12, 2004. 12.b. Amount. \$5	(Empty space for additional details)

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment (Empty space for details)
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment

Name of Person Filing <u>Timothy FANDEL</u>	File Number U- <u>260</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF FEBRUARY 12, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL NO. 12 WELFARE PLAN</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 1230-1236</p> <p>Street MASSACHUSETTS AVENUE</p> <p>City BOSTON</p> <p>State Massachusetts ZIP Code + 4 02125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.</p> <p>11.b. Approximate dollar value of such dealing. \$49</p> <p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 2/23/2004.</p> <p>12.b. Amount. \$49</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts

ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$49

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 2/23/2004.

12.b. Amount.

\$49

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL

File Number U- 260

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$49

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 2/23/2004.

12.b. Amount.

\$49

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TIMOTHY FANDEL**File Number U- **2610**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 ANNUITY PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.**

11.b. Approximate dollar value of such dealing.

\$98

12.a. Nature of interest held or income received.

**REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
3/11/2004.**

12.b. Amount.

\$98

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL

File Number U- 2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$98

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 3/11/2004.

12.b. Amount.

\$98

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL NO. 12 WELFARE PLAN</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 1230-1236</p> <p>Street MASSACHUSETTS AVENUE</p> <p>City BOSTON</p> <p>State Massachusetts ZIP Code + 4 02125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.</p> <p>11.b. Approximate dollar value of such dealing. \$98</p> <p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 3/11/2004.</p> <p>12.b. Amount. \$98</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$4

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF MARCH 11,
2004.

12.b. Amount.

\$4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.**

11.b. Approximate dollar value of such dealing.

\$4

12.a. Nature of interest held or income received.

**LUNCH SERVED AT THE TRUST MEETING OF MARCH 11,
2004.**

12.b. Amount.

\$4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$4

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF MARCH 11,
2004.

12.b. Amount.

\$4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing **TIMOTHY FANDEL**File Number U- **2610**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 ANNUITY PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.**

11.b. Approximate dollar value of such dealing.

\$86

12.a. Nature of interest held or income received.

**REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
4/8/2004.**

12.b. Amount.

\$86

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TIMOTHY FANDEL**

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State: ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$86

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 4/8/2004.

12.b. Amount.

\$86

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State: ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TIMOTHY FANDEL**

File Number U-260

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 WELFARE PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.

11.b. Approximate dollar value of such dealing.

\$86

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
4/8/2004.

12.b. Amount.

\$86

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$4

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF APRIL 8,
2004.

12.b. Amount.

\$4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$4

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF APRIL 8,
2004.

12.b. Amount.

\$4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.**

11.b. Approximate dollar value of such dealing.

\$4

12.a. Nature of interest held or income received.

**LUNCH SERVED AT THE TRUST MEETING OF APRIL 8,
2004.**

12.b. Amount.

\$4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL

File Number U- 2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$61

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 4/30/2004.

12.b. Amount.

\$61

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 PENSION PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CRA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN. 11.b. Approximate dollar value of such dealing. \$61 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 4/30/2004. 12.b. Amount. \$61

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 WELFARE PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN. 11.b. Approximate dollar value of such dealing. \$61 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 4/30/2004. 12.b. Amount. \$61

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 1230-1236</p> <p>Street MASSACHUSETTS AVENUE</p> <p>City BOSTON</p> <p>State Massachusetts ZIP Code + 4 02125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.</p>
<p>11.b. Approximate dollar value of such dealing. \$73</p>	<p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 5/14/2004.</p>
<p>12.b. Amount. \$73</p>	

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>

Name of Person Filing TIMOTHY PANDEL	File Number U- 260
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 PENSION PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN. 11.b. Approximate dollar value of such dealing. \$73 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 5/14/2004. 12.b. Amount. \$73

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

Name of Person Filing TIMOTHY FANDEL

File Number U- 2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$73

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 5/14/2004.

12.b. Amount.

\$73

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. <hr/> 11.b. Approximate dollar value of such dealing. \$5 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF MAY 14, 2004. <hr/> 12.b. Amount. \$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employee, _____ or Consultant _____ ?	14.b. Amount of payment. _____

Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF MAY 14, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF MAY 14, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing **TIMOTHY FANDEL**File Number U- **2610**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 ANNUITY PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$73

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 6/1/2004.

12.b. Amount.

\$73

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL NO. 12 PENSION PLAN</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 1230-1236</p> <p>Street MASSACHUSETTS AVENUE</p> <p>City BOSTON</p> <p>State Massachusetts ZIP Code + 4 02125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.</p> <p>11.b. Approximate dollar value of such dealing. \$73</p> <p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 6/1/2004.</p> <p>12.b. Amount. \$73</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL NO. 12 WELFARE PLAN</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 1230-1236</p> <p>Street MASSACHUSETTS AVENUE</p> <p>City BOSTON</p> <p>State Massachusetts ZIP Code + 4 02125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.</p>
	<p>11.b. Approximate dollar value of such dealing. \$73</p>
	<p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 6/1/2004.</p>
	<p>12.b. Amount. \$73</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Name of Person Filing

Timothy FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JUNE 1, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 260
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. 11.b. Approximate dollar value of such dealing. \$5 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JUNE 1, 2004. 12.b. Amount. \$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	

Name of Person Filing Timothy FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

**PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.**

11.b. Approximate dollar value of such dealing.

\$5.

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JUNE 1, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL

File Number U- 2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts

ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$61

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 7/8/2004.

12.b. Amount.

\$61

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

File Number U- 261

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount. \$61

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL NO. 12 WELFARE PLAN</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 1230-1236</p> <p>Street MASSACHUSETTS AVENUE</p> <p>City BOSTON</p> <p>State Massachusetts ZIP Code + 4 02125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.</p>
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<p>11.b. Approximate dollar value of such dealing.</p> <p style="text-align: right;">\$61</p>	<p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 7/8/2004.</p>
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<p>12.b. Amount.</p> <p style="text-align: right;">\$61</p>	
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
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<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>
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Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JULY 8, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY PANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JULY 8, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Timothy FANDEL	File Number U- 2610
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JULY 8, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

Name of Person Filing TIMOTHY FANDEL	File Number U- 2618
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN. 11.b. Approximate dollar value of such dealing. \$73 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 7/20/2004. 12.b. Amount. \$73

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.

11.b. Approximate dollar value of such dealing.

\$73

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
7/20/2004.

12.b. Amount.

\$73

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 WELFARE PLAN**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing. **\$73**

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 7/20/2004.

12.b. Amount. **\$73**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ **or Consultant** ☐ **?**

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2410
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. 11.b. Approximate dollar value of such dealing. \$5
(Continuation of 10)	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JULY 20, 2004. 12.b. Amount. \$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing Timothy FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JULY 20, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JULY 20, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. <hr/> 11.b. Approximate dollar value of such dealing. \$5 <hr/> 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF AUGUST 24, 2004. <hr/> 12.b. Amount. \$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF AUGUST 24,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Timothy FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. 11.b. Approximate dollar value of such dealing. \$5
12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF AUGUST 24, 2004. 12.b. Amount. \$5	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer or Consultant? ?	14.b. Amount of payment.

Name of Person Filing

TIMOTHY FANDEL

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF SEPTEMBER 14,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

TIMOTHY FANDEL

File Number U-260

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF SEPTEMBER 14, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.**

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

**LUNCH SERVED AT THE TRUST MEETING OF SEPTEMBER 14,
2004.**

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 1230-1236</p> <p>Street MASSACHUSETTS AVENUE</p> <p>City BOSTON</p> <p>State Massachusetts ZIP Code + 4 02125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.</p>
	<p>11.b. Approximate dollar value of such dealing. \$86</p>
	<p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 10/19/2004.</p>
	<p>12.b. Amount. \$86</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing **TIMOTHY FANDEL**File Number U- **2610**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$86

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 10/19/2004.

12.b. Amount.

\$86

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **TIMOTHY FANDEL**File Number U- **2610**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 WELFARE PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts**ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$86

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 10/19/2004.

12.b. Amount.

\$86

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing **TIMOTHY FANDEL**

File Number U-

2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 ANNUITY PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.11.b. Approximate dollar value of such dealing. **\$24**

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/1/2004.12.b. Amount. **\$24**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL

File Number U- 2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.

11.b. Approximate dollar value of such dealing.

\$24

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
11/1/2004.

12.b. Amount.

\$24

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 WELFARE PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN. 11.b. Approximate dollar value of such dealing. \$24 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/1/2004. 12.b. Amount. \$24

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____ _____ _____
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

Name of Person Filing **TIMOTHY FANDEL**File Number U- **2610**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 ANNUITY PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.

11.b. Approximate dollar value of such dealing.

\$49

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
11/4/2004.

12.b. Amount.

\$49

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing **TIMOTHY PANDEL**File Number U- **2610**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL NO. 12 PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**Street **MASSACHUSETTS AVENUE**City **BOSTON**State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$49

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004.

12.b. Amount.

\$49

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY PANDEL

File Number U- 2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.

11.b. Approximate dollar value of such dealing.

\$49

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
11/4/2004.

12.b. Amount.

\$49

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.**

11.b. Approximate dollar value of such dealing.

\$5.

12.a. Nature of interest held or income received.

**LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 4,
2004.**

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.**

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

**LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 4,
2004.**

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 4, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL NO. 12 WELFARE PLAN</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 1230-1236</p> <p>Street MASSACHUSETTS AVENUE</p> <p>City BOSTON</p> <p>State Massachusetts ZIP Code + 4 02125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.</p>
	<p>11.b. Approximate dollar value of such dealing. \$98</p>
	<p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004.</p>
	<p>12.b. Amount. \$98</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing TIMOTHY FANDEL

File Number U- 2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.

11.b. Approximate dollar value of such dealing.

\$98

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
11/16/2004.

12.b. Amount.

\$98

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2410
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 PENSION PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN. 11.b. Approximate dollar value of such dealing. \$98 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004. 12.b. Amount. \$98

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____ _____ _____
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

Name of Person Filing

TIMOTHY FANDEL

File Number U- 2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$3

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 16,
2004.

12.b. Amount.

\$3

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEC	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. 11.b. Approximate dollar value of such dealing. \$3
	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 16, 2004. 12.b. Amount. \$3

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing Timothy FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. 11.b. Approximate dollar value of such dealing. \$3
(Continuation of 10)	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 16, 2004. 12.b. Amount. \$3

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL

File Number U-260

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE
BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
PLAN.

11.b. Approximate dollar value of such dealing.

\$61

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE
BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND
MEETINGS IN MY CAPACITY AS LABOR TRUSTEE
REPRESENTING THE PARTICIPANTS OF SAID TRUST ON
12/14/2004.

12.b. Amount.

\$61

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL

File Number U-2610

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.

11.b. Approximate dollar value of such dealing.

\$61

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 12/14/2004.

12.b. Amount.

\$61

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL NO. 12 WELFARE PLAN</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 1230-1236</p> <p>Street MASSACHUSETTS AVENUE</p> <p>City BOSTON</p> <p>State Massachusetts ZIP Code + 4 02125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.</p> <p>11.b. Approximate dollar value of such dealing. \$61</p> <p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 12/14/2004.</p> <p>12.b. Amount. \$61</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. <hr/> 11.b. Approximate dollar value of such dealing. \$5
	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF DECEMBER 14, 2004. <hr/> 12.b. Amount. \$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment _____

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS UNION LOCAL NO. 12 PENSION PLAN**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF DECEMBER 14, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

TIMOTHY FANDEL

File Number U-

260

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF DECEMBER 14,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.